

AGENT



DOWNSTATE HEALTH SCIENCES UNIVERSITY

PO#

DO NOT FILL IN GREY AREAS Please Type or Print Only

PURCHASE REQUISITION

EXTERNAL VENDOR

INTERNAL RECHARGE

Read Instructions on Procurement Webpage (link) DATE: DEPT: MailStop #: REQ #: suffix:

SUGGESTED SUPPLIER, ADDRESS, CITY STATE ZIP, REQUESTIONED BY: NAME: TEL MailStop, FINAL DELIVERY POINT (BLDG. ROOM), PRICES QUOTED BY, SUPPLIER TEL #: QUOTE DATE:

Table with columns: ITEM, COMPLETE DESCRIPTION & SPECIFICATIONS ATTACH ANY & ALL JUSTIFICATION LETTERS DO NOT EXCEED 11 ITEMS PER PAGE, QUAN., UNIT, PRICE PER UNIT, TOTAL

USE CONTINUATION FORM IF MORE SPACE IS REQUIRED TOTAL

CHECK POINTS, CHARGE TO, ACCOUNT CODE, OBJECT CODE, AMOUNT, AUTHORIZED SIGNATURE, Name/ Title, AUTHORIZED SIGNATURE 2, Vendor Tax ID #

DISCOUNT, FOB SHPG. PT., FOB DEST., COMMENT, AGENT INITIALS, DATE COMPL., BATCH TYPE, COMMODITY GROUP #, CONTRACT NUMBER